

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-016913

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 437

Primary Registration District No. 4353

Registrar's No. 15

FILED APR 17 1963

VS 300  
Rev. 4/59

1 0720

2 0720

3

4 1

5 2

6

7 0

8 0

9 260X

10

11

12 91-0

13 5-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 437

Primary Registration District No. 4353

Registrar's No. 15

1. PLACE OF DEATH  
a. COUNTY

New Madrid

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Gideon

Length of stay in 1b

40 yrs

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

In Gideon

Inside limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE

Mo

b. COUNTY

New Madrid

c. CITY

OR

TOWN

Malden

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

Willie May Nicholson

4. DATE  
OF DEATH

Month

Day

Year

4

5

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married

Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

2-2-1895

9. AGE (last birthday)

68

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

IF UNDER 1 YEAR

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (City and state or country)

Bloomfield Mo. U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Mark Cline

13b. MOTHER'S MAIDEN NAME

unknown

14. NAME OF HUSBAND OR WIFE

Roy Nicholson (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Virginia Johnson, Gideon, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

cardiac Failure

INTERVAL BETWEEN  
ONSET AND DEATH

1 hour

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

diabetes mellitus

20 yrs

DUE TO (c)

arteriosclerosis

15 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1-1-46

to 2-4-63

and last saw her alive on 2-1-63

Death occurred at

1:30

a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. G. Hopkins, M.D.

22b. ADDRESS

Gideon, Mo

22c. DATE SIGNED

4-4-63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

4-7-1963

23c. NAME OF CEMETERY OR CREMATORY

Stonfield Cem

23d. LOCATION (City, town, or county)

Clarkton, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Floyd Fussell

Piggot, Ark

25. DATE RECD. BY LOCAL REG.

4-13-1963

26. REGISTRAR'S SIGNATURE

Ellen S. Mellem

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Lloyd Russell*

Licensed Embalmer No.

*509-Ark.*

P. O. Address

*Giggett, Ark.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.